

**Arkansas Insurance Department**  
1200 West Third Street  
Little Rock, AR 72201-1904  
Licensing Division  
1-501-371-2750



<b>For Department Entries Only</b>	
Date filed	
Date approved	

**ARKANSAS  
VIATICAL BROKER LICENSE APPLICATION**

1. Name (ALL)	
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2. Residential Address (FOR INDIVIDUAL LICENSE ONLY)	
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3. Business Address And Phone Number (ALL)	
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4. Social Security # (Or FEIN # if agency, Firm or business organization)	
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5. Date of Birth (FOR INDIVIDUAL LICENSE ONLY)	
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6. Type of Licensing Applied For as Broker

- ☐ Individual
- ☐ Agency, firm, corporation
- ☐ Or other \_\_\_\_\_  
(ALL)

7. Employment History (the last five years) With Name of Employer, Address, Date(s), and Occupation (FOR INDIVIDUAL LICENSE ONLY)

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8. (A) Have you been discharged from employment for failing to account, embezzlement or other irregularities in money transactions? (FOR INDIVIDUAL LICENSE ONLY)

☐ Yes ☐ No

If yes, please fully explain the circumstances on a separate sheet of paper and attach it to this application.

(B) Have you ever been convicted of a felony, or pled guilty or pled nolo contendere to a felony?

☐ Yes ☐ No

If yes, please describe the date and nature of the felony, plea, and date of conviction on a separate sheet of paper and attach it to this application.

(C) Have you ever been convicted of or pled guilty to any misdemeanor, within the last five (5) years, involving theft, fraud, embezzlement or mishandling of funds?

☐ Yes ☐ No

If yes, please describe the date and exact nature of the misdemeanor on a separate sheet of paper and attach it to this application.

9. Name and address of each individual viatical settlement broker representing the firm/Corporation in this state? (FOR FIRM, BUSINESS ORGANIZATION, CORPORATION LICENSE ONLY)

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10. Has each person above applied for and been approved for an individual viatical settlement broker's license with the Arkansas Insurance Department? (FOR FIRM BUSINESS ORGANIZATION, CORPORATE LICENSE ONLY)

☐ Yes ☐ No

11. Has your firm, agency, corporation, or organization registered with the Arkansas Secretary of State's Office, either as a domestic corporation or organization or foreign organization registered to conduct business in this state? (FOR FIRM BUSINESS ORGANIZATION, CORPORATE LICENSE ONLY)

☐ Yes ☐ No

If yes, please attach copies of your articles of incorporation or organization, or if a foreign corporation or organization a certificate of compliance or evidence registration from the Secretary of State's office showing that you are currently registered or authorized foreign corporation or organization authorized to conduct business in this state.

12. Are you conducting business in this state under an assumed business name (DBA)? (ALL)

☐ Yes ☐ No

If yes, please list each and every assumed business name, with the location and phone number of such business.

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13. Has the applicant ever been subject to any regulatory action or investigation including cease and desist orders? (ALL)

☐ Yes ☐ No

If yes, please describe in detail the regulatory action or investigation you are or were subject to giving the dates, subject matter, regulatory agency, and location of such action.

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14. Has the applicant ever had an application denied by any insurance or regulatory authority? (ALL)

☐ Yes ☐ No

If yes, please describe the circumstances of such denial, providing the subject matter, time, location and identity of the insurance or regulatory authority denying the application.

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15. Has the applicant every had a Certificate of Authority or license revoked or suspended by any regulatory authority? (ALL)

☐ Yes ☐ No

If yes, please provide a full explanation of such actions, describing the subject matter of the revocation or suspension, the date and identity of the regulatory authority taking such action.

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16. Please list the Viatical Settlement Providers with whom you may have an appointment or affiliation with, or intend to have an appointment or affiliation with:

NAME OF VIATICAL PROVIDER	ADDRESS	DATE OF AFFILIATION

17. Name, address, and phone number of the contact person the Department will contact to respond to complaints or inquiries about your activities in this state as a viatical broker? (ALL)

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Any person or organization misrepresenting facts on this application is subject to refusal to issue or revocation of license, and in addition is subject to any other regulatory or criminal penalties for providing false or misleading information to a state agency, provided under Arkansas law.

**I DO HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRU AND COMPLETE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed Name \_\_\_\_\_

**FOR NON-RESIDENT APPLICANTS ONLY**

**Appointment of the Insurance Commissioner As Attorney  
To Receive Legal Process**

The Arkansas Insurance Commissioner is hereby appointed as attorney to receive service of legal process, upon causes of action arising within Arkansas, issued against:

\_\_\_\_\_  
Insert Name of the Viatical Settlement Broker

A licensed viatical settlement broker in the State of \_\_\_\_\_.

It is agreed that service upon the Commissioner as attorney shall constitute effective legal service upon the non-resident licensee, and this appointment shall be irrevocable for as long as there could be any cause of action against the company/provider arising out of the viatical settlement transactions in the state of Arkansas.

The licensee has executed this document as required to obtain or retain a non-resident license from the Insurance Commissioner of the State of Arkansas.

Signed: \_\_\_\_\_  
For Viatical Broker

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Notarization**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (year)  
\_\_\_\_\_.

Notary Public's Signature

My Commission expires:

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